

**Northern Virginia Regional Partnership
Steering Committee Meeting
September 24, 2003**

Attendees:

Jane Anthony, NVTC Parent/PAIR	Betsy Greer, Arlington CSB (Board Member)
George Barker, HSANV	Sharon Jones, Fairfax-Falls Church CSB
Jessica Burmester, FFC-CSB (Board Member)	Leslie Katz, NVTC
Ray Bridge, Laurie Mitchell Emp. Center	Henriette Kellum, Arlington CSB
Lynn DeLacy, NVMHI	Jim Kelly, Fairfax-Falls Church CSB
Mark Diorio, NVTC	Cindy Kemp, Arlington CSB
Joan Durman	Cathy Pumphrey, Fairfax-Falls Church CSB
Chris Fensterle, Snowden at Fredericksburg	Lou Rosato, NVMHI
Tom Geib, Prince William CSB	Jim Thur, Fairfax-Falls Church CSB
Mike Gilmore, Alexandria CSB	Carol Ulrich, NAMI-Northern Virginia
Amanda Goza, NVMHI	Rev. Bill Yolton, NoVa NAMI
Wendy Gradison, PRS, Inc.	

The notes of July 31, 2003 were accepted.

ANNOUNCEMENTS

- Jim Thur welcomed the group and introduced Cathy Pumphrey, who was recently appointed as Director of Planning and Information Management for the Fairfax-Falls Church CSB. Cathy will provide support to the Steering Committee when she begins her new work assignment.
- Jim Thur also announced that Lynn DeLacy was recently named Director of the NVMHI, after having served as Acting Director for quite some time. The group joined in congratulating Lynn.
- Jim Thur indicated that he and Lynn DeLacy would be presenting an overview of the Regional Partnership to the Route One Human Services Task Force on September 30 and encouraged group members to attend.
- Jim Thur announced that Commissioner Reinhard has rescheduled the Restructuring Policy Council meeting for October 17 in Fishersville. The meeting will immediately be followed by a stakeholder input session.
- Mark Diorio reported that Commissioner Reinhard would be at the Institute on September 30 and at the NVTC on October 31 for sessions with employees to discuss restructuring initiatives.
- Ray Bridge announced that on November 3 beginning at 5 p.m., the South Austin Grill (801 King Street in Alexandria) would be holding a fund-raiser during which half of patrons' bills will go to the Laurie Mitchell Employment Center. Ray encouraged the group to attend and have a good meal in support of a great cause.

- Henriette Kellum distributed flyers on the “Aging...A Crisis in Mental Health Services” conference which will be held on October 16 at the Fairfax County Government Center. The conference is sponsored by the Northern Virginia Alliance for Geriatric Mental Health Services.
- Betsy Greer announced that Arlington CSB has hired a part-time Consumer Advocate.

UPDATES FROM WORK GROUPS

Mental Health:

- Sharon Jones reported that the MH Work Group met on September 10 and heard a presentation from the Arkansas Partnership Program (Liberty Health Care Program) on their program for persons who are NGRI. The program shows impressive outcomes, is well formulated and has low operating costs. Sharon indicated that the program staff would be willing to give the same presentation to the Steering Committee if desired.
- The group also discussed the pending closures of local psychiatric hospital beds. Plans for Phase II of the project were discussed, and the group agreed to hold a recovery-focused conference, and develop two sub-groups (Recovery and NGRI).

Private Psychiatric Hospitals Work Group:

- Jim Thur reported that the Private Psychiatric Hospitals Work Group met on September 17 and had a brief review of a new survey of patient characteristics which is still in progress. Amanda Goza explained that the survey includes information on demographics, language, Medicaid status, and health issues. Amanda added that the survey might need slight modifications in the wording so that they can get the data they're looking for. Jim added that not all the regional hospitals have turned in their data, and they have been asked to do so by the end of September so the data can be compiled and reviewed at the October meeting.
- Jim indicated that the group will be hearing more about the Recovery Model.
- The Medical Directors from Fairfax CSB and the NVMHI will be involved in pursuing the development of an education program for private doctors about the use of medications.
- Jim indicated that the Work Group is committed to the task of defining public and private sector roles, in order to get a sense of the system as a whole. This is especially important in light of looming psychiatric hospital bed closures.

MR/MI Work Group:

- Mark Diorio reported that the MR/MI Work Group met and reviewed the report. The group's next focus will be on education and training, including training on recognizing dual diagnosis.

- A new subcommittee has been formed to review the Levels of Treatment document from the MH work group.
- The next MR/MI Work Group meeting will be held on October 5, from 1-3:30 p.m.

POTENTIAL CHANGES IN REGIONAL PSYCHIATRIC HOSPITAL BEDS

George Barker discussed several potential closures and relocations of private psychiatric services. He said these include HCA's proposed closures of Northern Virginia Community Hospital and Dominion Hospital and their adult psychiatric services along with a loss of 80 psychiatric beds, a proposed relocation of the child and adolescent service at Dominion Hospital to the western part of Ashburn in Loudoun County, and the proposed closure of Inova Alexandria Hospital's 19-bed psychiatric unit.

Mr. Barker said that use of Alexandria's psychiatric unit has decreased and that the unit had only 6.1 patients per day in August. He said that there is only one private psychiatrist practicing there regularly, which presents significant issues for physician coverage. Mr. Barker indicated that Inova has stated it will attempt to accommodate the patients who would use Alexandria's service at its other two psychiatric units (Mount Vernon and Fairfax). Mr. Barker also said that Inova, which has endured financial losses at Mount Vernon Hospital, is considering adding psychiatric beds there to help offset the elimination of the Alexandria service and beds. He said that a community task force and Inova are currently evaluating that hospital's future, which could include moving to a new location still in southeastern Fairfax County but west of the current site. He said that Mount Vernon would face limitations in how much additional psychiatric capacity could be gained in the current building but could have more flexibility in sizing a psychiatric unit in a new building.

Mr. Barker also discussed the proposed closure of Northern Virginia Community and Dominion Hospitals and the construction of a new hospital in Ashburn. There was a public hearing in Loudoun on HCA's proposal to build the new hospital in Ashburn, after which a committee of the Health Systems Agency of Northern Virginia (HSANV) recommended rejecting the proposal. The HSANV Board will make its recommendation soon. Then there will be a fact-finding conference in Richmond in late October or November, after which a hearing officer will make his recommendation to the Commissioner of Health. A decision by the Commissioner is expected in early 2004.

Mr. Barker noted that Dominion Hospital currently serves as a regional provider of psychiatric services for youth and said moving the program to Ashburn would make access difficult for many families. He said that a similar proposal last year was rejected by the Commissioner of Health, with access for children and adolescents one of the concerns expressed. Mr. Barker said that this year's proposal raises even greater concerns regarding availability of psychiatric services because the previous application proposed an adult psychiatric service and a smaller reduction in psychiatric beds. He said that the HSANV staff have suggested combining the two hospitals in a renovated and expanded or rebuilt hospital on the current Northern Virginia Community Hospital site, which would be much more central to the patients now served.

Mr. Thur added that Pinebrooke, an 18-bed adult psychiatric facility in Culpeper, has recently announced it will be closing and it is expected that the Northern Virginia area will see more patients from that area as a result. Mr. Thur said that a psychiatric program in Winchester is also closing their children's unit.

Mr. Barker reported that Loudoun Hospital recently got permission to add 10 psychiatric beds, bringing their total to 22. He said that those beds should be available by early next year.

Mr. Barker reported that renovations at the Virginia Hospital Center in Arlington should be complete by November 2004, getting that program back to 40 beds.

Jim Thur added that one of the challenges in this area is the balancing of the need for a large facility with the need for a central location.

The group agreed that a letter should be written on behalf of the Partnership to the HSNV prior to their hearing on October 8, in which regional issues would be raised, but no position would be taken. Jane Anthony requested that the letter be copied to the Commissioner and the State, and that a copy be placed on the Partnership website.

Mr. Thur thanked Mr. Barker for his extensive report.

COMMENTS ON PARTNERSHIP PLANNING PROJECT REPORT

Jim Thur noted that bound copies of the report were available to committee members at the meeting and solicited any feedback on the report. Comments will not be incorporated into the report at this time, but will be included when relevant in any presentations about the report. Jim solicited feedback on the report.

- Jane Anthony asked that the membership lists included in the report be reviewed to exclude those who have limited participation.
- Rev. Bill Yolton reported that he attended a State Legislative Task Force meeting on MI/criminal justice, where it was recommended that funds be spent on jail diversion. Rev. Yolton noted that this component has not been addressed in the report, and briefly discussed the cost effectiveness of jail diversion. Rev. Yolton also announced that the Fairfax-CSB is a co-applicant with the Sheriff's office for a technical assistance grant from the National Institute of Corrections. Virginia is also applying for the same grant, and Rev. Yolton expressed his hope that both be awarded.
- Sharon Jones commented that MH/ADS is not addressed in the report. Jim Thur responded that the hope was that MH/ADS would be addressed by the MH Work Group, and added that more SA representation is needed on that group.
- Joan Durman asked when youth services will be addressed, and Jim Thur replied that it has not been addressed yet since CSA is the lead program for youth services.
- Betsy Greer asked how the need for more consumer-oriented services such as a drop-in center could be addressed, and Jim Thur replied that should take place through the MH Work Group.

- Henriette Kellum asked where geriatric services would fall and Lynn DeLacy suggested that a connection be made with the State group.
- There was some discussion regarding the State special population work groups, and Lynn DeLacy suggested that the group send a letter to the Central Office asking that the Northern Virginia region be assured of its role in those groups.
- Ray Bridge brought up several issues:
 1. The need for consumer representation on the work groups from jurisdictions other than Fairfax-Falls Church. Mike Gilmore and Cindy Kemp agreed to look into recruiting consumer representation. Lynn DeLacy indicated that there had been two consumers from the Institute who were involved, and that she would check on their status. Sharon Jones noted that with the number of Recovery work groups that are ongoing, the pool of potential interested candidates is somewhat limited.
 2. The \$60,000 which the Department gave the Partnership. Jim Thur indicated that no decision has been made on how to use that funding, but part or all of it may go toward DAD.
 3. Moving the Recovery Model forward. Sharon Jones reported that there is a new Recovery subcommittee of the Mental Health Work Group. Jim Thur asked that this subcommittee attend the Private Psychiatric Hospitals Work Group meeting in November, and noted that group's commitment to the Recovery Model.
 4. The focus on getting consumers into crisis care rather than hospitals. Jim Thur noted that this issue should primarily be addressed by the MH Work Group. Sharon Jones noted that only two CSBs have crisis care programs – Fairfax and Arlington, and added that the DAD group is looking into the purchase of crisis care beds in those programs for both Prince William and Loudoun Counties. Sharon also added that the Fairfax program is currently down to eight beds, but will be back up to sixteen when the new facility is complete.

REVIEW OF INITIAL PUBLIC POLICY RECOMMENDATIONS

Jim Thur indicated that the items on this list were culled from the Initial Partnership Report and solicited feedback. Several recommendations were made and Jim will incorporate the changes prior to presenting the list on October 9 at the VACSB Conference and October 17 at the Commissioner's meeting.

NEXT MEETING

The complete Partnership meeting schedule was reviewed and revised. The next Steering Committee meeting was set for October 22 at 1 p.m.